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**MAR 30 2007**

PT(X)50-17 (07-06)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171).

**FEE TRANSMITTAL**  
**For FY 2006**

☐ Applicant claims small entity status, 37 CFR 1.27

Complete if Known	
Application Number	08/829,439-Conf. #8762
Filing Date	April 10, 2001
First Named Inventor	J. C. BETTIS
Examiner Name	D. Kosciuk
Art Unit	3697
Attorney Docket No.	0020119.00120051

**TOTAL AMOUNT OF PAYMENT** (\$) 450.00

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 08-0219 Bank's Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, this Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

20 0 0 0 0 0

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** Extra Claims Fee (\$) Fee Paid (\$)

3 0 0 0

IP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(n)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
<u>100</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

(round up to a whole number) x

**4. OTHER FEES**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

**SUBMITTED BY**

Signature	<i>Irish H. Donner</i>	Registration No. (Attorney/Agent)	35,120	Telephone	(212) 230-8800
Name (Print/Type)	Irish H. Donner	Date	March 30, 2007		

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CENTRAL FAX CENTER****MAR 30 2007****FAX TRANSMISSION****DATE:** March 30, 2007**PTO IDENTIFIER:** Application Number 09/829,439-Conf. #8762  
Patent Number**Inventor:** J. C. BETTIS et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** WILMER CUTLER PICKERING HALE AND DORR LLP  
Irah H. Donner**PHONE:** (212) 230-8800**Attorney Dkt. #:** 0026119.00120US1**PAGES (Including Cover Sheet):** 47

<b>CONTENTS:</b>	Fee Transmittal (1 page) Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page) Amendment (42 pages) Transmittal (1 page) Charge \$450.00 to deposit account 08-0219 Certificate of Transmission (1 page)
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PTO/510/97 (08-04)  
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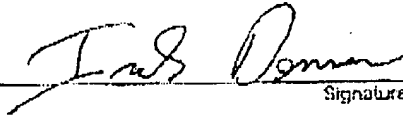
Application No. (if known): 09/829,439

Attorney Docket No.: 0026119.00120US1

## Certificate of Transmission under 37 CFR 1.8

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PTO/SI/21 (09-08)

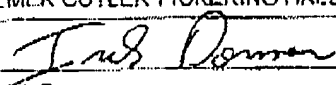
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/829,439-Conf. #8762	
	Filing Date	April 10, 2001	
	First Named Inventor	J.C. BETTIS	
	Art Unit	3691	
	Examiner Name	D. Kosack	
Total Number of Pages in This Submission	47	Attorney Docket Number	0026119.00120US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet and Certificate of Facsimile Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Ira H. Donner		
Date	March 30, 2007	Reg. No.	35,120

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